

CITY OF TRINIDAD
P.O. Box 390
Trinidad, CA 95570
(707) 677-0223

Dan Berman, City Manager
Gabriel Adams, City Clerk



2015-2016 VACATION DWELLING UNIT LICENSE APPLICATION

City of Trinidad Ordinance 2014-01 states that each vacation dwelling unit (VDU) in the City must obtain a VDU License. This license application form, when fully completed and signed below by an authorized City staff person, shall serve as that license. This VDU license will require annual renewal. Please review Ordinance 2014-01 and contact City Staff if you have any questions.

I. VACATION RENTAL INFORMATION:

VDU STREET ADDRESS: _____

OWNER(S) NAME: _____

PHONE: _____

EMAIL (optional): _____

MAILING INFO: _____

MANAGEMENT CONTACT INFO: _____

24-HOUR EMERGENCY CONTACT: _____

(This name & number will be shared with neighbors of the VDU)

NUMBER OF BEDROOMS: _____

(Floor Plan must be included)

TOTAL INTERIOR SQUARE FOOTAGE: _____

NUMBER OF OFF-STREET PARKING SPACES: _____

(Site Plan showing parking locations must be included)

MAXIMUM # OF OCCUPANTS ALLOWED: _____

(Generally two occupants per bedroom plus two additional, but can vary based on parking, septic system, and total square footage. See Ordinance or contact City Staff with questions).

II. INITIAL LICENSE FEE: \$ 100

ANNUAL RENEWAL: \$60.00

The Initial Fee is due with your application. Renewal Fees due annually by July 31 thereafter.

To ensure proper credit, make check payable to: City of Trinidad, P.O. Box 390, Trinidad, CA 95570

III. PROOF OF INSURANCE AND HOLD HARMLESS

- A. Attach proof of general liability insurance in the amount of at least one million dollars, combined single limit.
- B. Attach an executed copy of the included indemnification agreement that serves to indemnify, defend, and hold harmless the City from any and all claims and liability resulting from or arising out of the licensing of this VDU.
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IV. ADDITIONAL REQUIRED INFORMATION

The following information must be included to accompany this application:

- 1) **SITE PLAN** showing available parking (form attached)
 - 2) **FLOOR PLAN** showing bedrooms and overall square footage (form attached)
 - 3) **RENTAL AGREEMENT** Copy of the standard rental agreement in use for the VDU.
 - 4) **PROOF OF INSURANCE and INDEMNIFICATION FORM** (see IV above)
 - 5) **COPY OF OWTS PERMIT**, or OWTS Permit Application and Septic Inspection Report.
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V. CERTIFICATION

I hereby certify under penalty of perjury that:

I am the owner, or an authorized agent of the owner, of the VDU described in this application, and that the information included with this application is true and correct, and that I will operate this Vacation Dwelling Unit in accordance with Ordinance 2014-01 of the City of Trinidad.

SIGNATURE: _____ **DATE:** _____

PRINT NAME AND TITLE: _____
PLEASE INDICATE IF YOU ARE THE OWNER OR AGENT

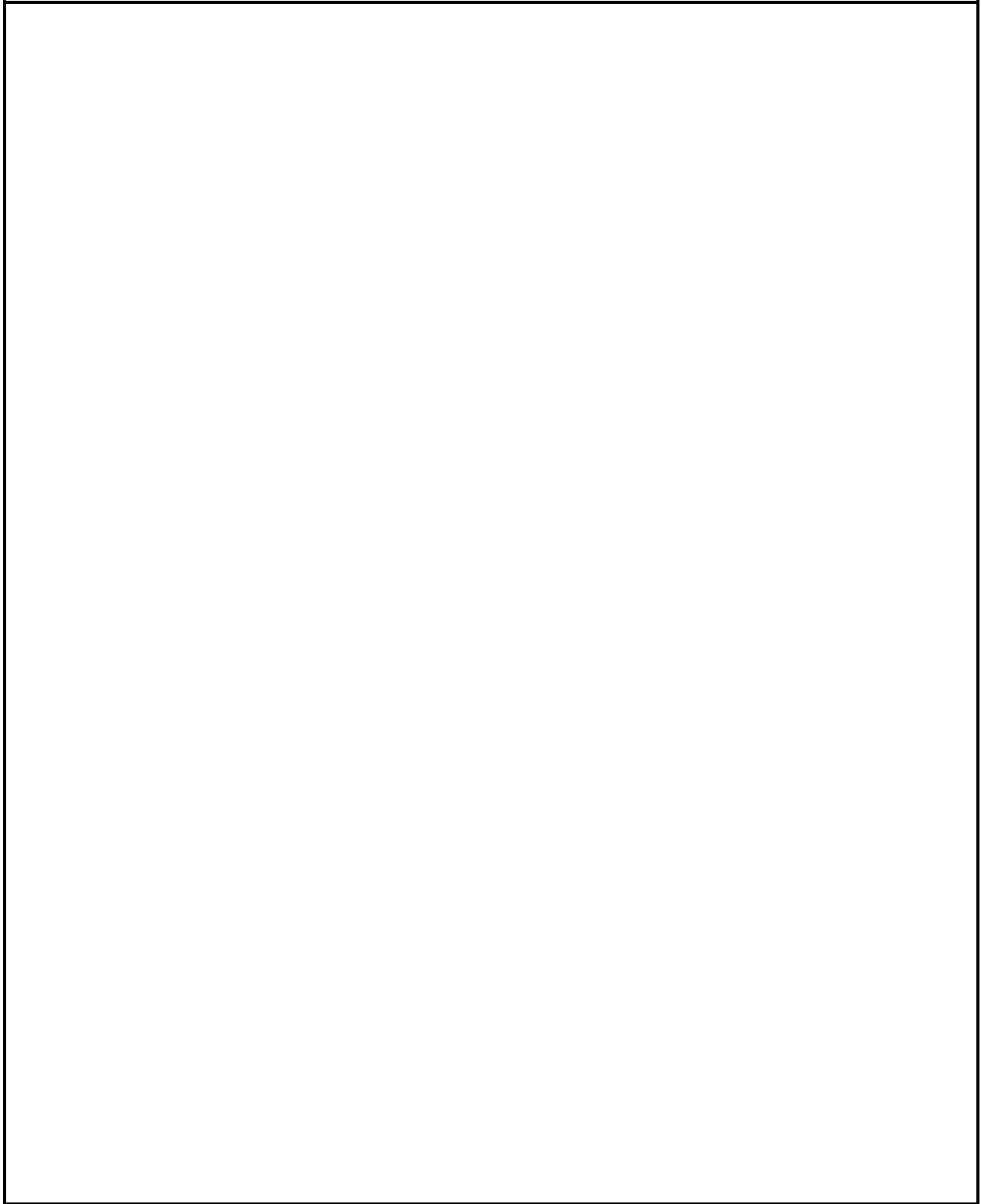
Official Use Only:

License No: _____ Issue Date: _____

By: _____

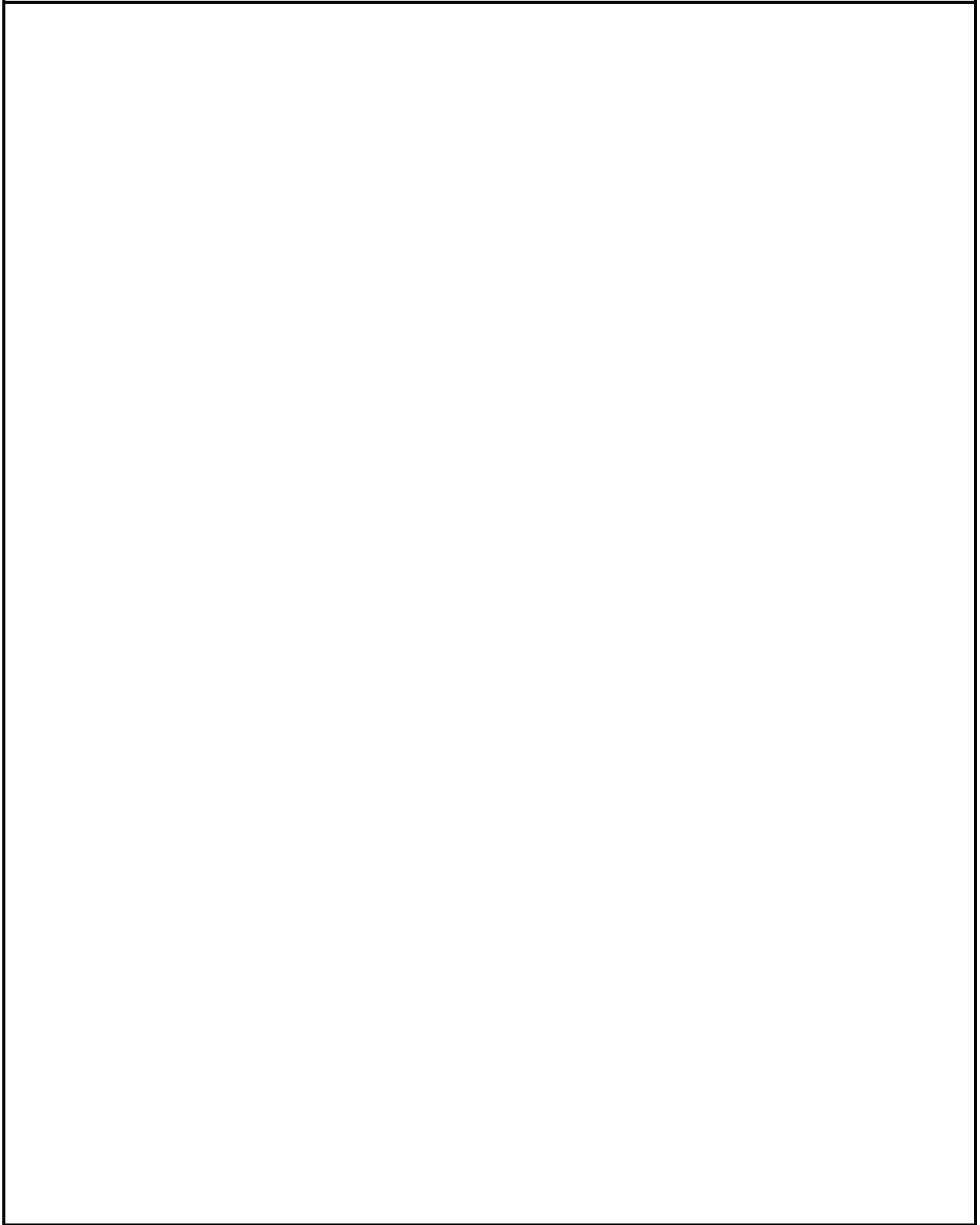
Number of Occupants Allowed: _____ Parking Waiver (Y/N)? _____

SITE PLAN



***Site Plan does not need to be professionally prepared, but must be roughly to scale and show available off street parking for the VDU.**

FLOOR PLAN



***Floor Plan does not need to be professionally prepared, but must be roughly to scale and clearly illustrate the number of bedrooms.**

TRINIDAD CITY HALL
P.O. Box 390
409 Trinity Street
Trinidad, CA 95570
(707) 677-0223

Julie Fulkerson, Mayor
Gabriel Adams, City Clerk



VACATION DWELLING UNIT - IDEMNITY AND HOLD HARMLESS AGREEMENT

The VDU applicant shall indemnify and hold harmless the city, and its officers and agents, from all suits and actions of every name and description brought for, or on account of, any injuries or damages received or sustained by, any person or persons, by or from the applicant, applicant's employees or agents, in the operation of the residence as a vacation rental, or by or in consequence of any negligence in guarding the same.

My signature below acknowledges receipt of and agreement to the above indemnity and hold harmless agreement on behalf of the applicant.

Signature

Name (printed)

Date